

the number of each, in order of birth, stated. This certificate must be filed with each child, and
or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF BIRTH	
County of <u>Globe</u>	District of <u>Globe</u>	Town of <u>Globe</u>	City of <u>Globe</u>
(No. _____)		St. _____ Ward _____	
FULL NAME OF CHILD <u>Josana Alberdo</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	<u>NO</u>
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth <u>1st</u>
Legitimate <u>yes</u>	Date of Birth <u>Feb 15</u>	Month	Day
Year <u>1920</u>			
FATHER		MOTHER	
Full Name <u>Josana Alberdo</u>	Residence <u>Globe</u>	Full Maiden Name <u>Angela Dominguez</u>	Residence <u>Globe</u>
Color or Race <u>Mexican</u>	Age at last Birthday <u>27</u> Years	Color or Race <u>Mexican</u>	Age at last Birthday <u>18</u> Years
Birthplace <u>Mexico</u>	Occupation <u>Laborer</u>	Birthplace <u>Safford Ariz</u>	Occupation <u>Housewife</u>
Number of child of this Mother <u>9</u>	Number of Children, of this mother, now living <u>9</u>	Were precautions taken against Ophthalmia neonatorum <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb 15 1920, at 24 M.
*When there is no attending physician or midwife, then the householder should make this return.

Given or Christian name added from a supplemental report _____ 191____

116-215-146
COUNTY REGISTRAR.

Signature Josana Alberdo
Attending physician, midwife, householder.*

Address Trust Bldg Globe Ariz

Filed 2-18 1920

Filed Mar 6 1920 A True Copy

LOCAL REGISTRAR.

COUNTY REGISTRAR.